MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	. /	
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11/21	1 1918 610	
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FILING DATE

APPLICANT(S)

CLAIMS

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35		+	 		+	+
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37	 	+	+	+	+	+
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TOTAL IND.	19	1				1
TOTAL	19	—		- -		_ —
DEP.	1.4					المستون ا
TOTAL CLAIMS	1/0	هـــــــــــــــــــــــــــــــــــــ		يت ا		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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